

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director



Weekly Bulletin

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February 10, 1934

GUY P. JONES
EDITOR

Suggested Projects for Nurses

Employed Under Civil Works Service

I. A list sent by the American Nurses' Association to State Nurses' Associations approved by the Director of the Women's Division, Federal Emergency Relief Administration.

REGISTERED NURSES

All assignments to be under paid qualified nurse supervision.

Registered Graduate Nurses:

Possibilities of service

a. Public hospitals and institutions including hospitals for mentally ill, deaf, dumb, blind, children's homes, homes of correction including prisons and detention hospitals, county homes for indigent.

I. Laboratories

II. X-ray department

III. General nursing

Items b, c, d, e, f, g, h, i under qualified nurse supervision:

b. Health campaign

I. Assisting physicians in immunization against diphtheria, smallpox, and other infectious diseases

II. Sanitation campaigns

c. Health educational program

I. Instruction to home workers, simple pro-

cedure in bedside care, hygiene and preventive measures, care of infants and children, first aid, nutrition

d. Clinics

I. Infants and children

II. Prenatal and postnatal

III. Tuberculosis

IV. Orthopedic

e. City, county and State health departments

I. On staff

II. Office assistants

III. Assistance to public health nurses

f. Home visiting and nurse in relief families

g. Camp (fresh air, tuberculosis)

h. Day nursery

i. Survey of unemployed nurses

II. A list of projects reported to the National Organization for Public Health Nursing as being considered or actually in effect in various States.

Maternity service.

Assisting physicians in delivery care

Prenatal instruction in homes and centers

Delivering prenatal letters

Delivering birth certificates

Supervising and teaching midwives.

Preschool.

Stimulating lay organizations to organize preschool "Round-ups"

Assisting with "Round-ups."

School service.

Assisting physicians with physical examinations

Assisting physicians in making health surveys of school children

Assisting county nurses in following up defects

Home check up on audiometer tests in schools

Developing nursing service in parochial schools.

Communicable disease service.

House to house canvass in interest of diphtheria immunization

Follow-up of tuberculosis contacts

Assistance with communicable disease surveys, such as venereal disease.

Nutrition service.

Teaching nutrition in homes under the supervision of a nutritionist.

Special services for special localities.

Hookworm survey and program of instruction in homes

Assistance with malaria control program.

Assistance on all types of clinics and conferences.

Assistance with clerical work to rural nurses and others.

Short-time studies in public health nursing agencies, such as

Analysis of records for period of pregnancy at which prenatal care is begun

Causes of absence from school.

SOUTHGATE PROSECUTES DOG OWNERS

Three residents of Southgate were arrested recently for violation of the city ordinance pertaining to the licensing and vaccination of dogs. The local health officer, Hal Hazel, reports that the persons arrested had not complied with the provisions of the ordinance and that their dogs were permitted to run at large without necessary precautions having been taken. He has declared that he intends to remove all stray dogs from the city before the expiration of the county quarantine order which will terminate after 90 days. The undue prevalence of rabies in the southern end of the State makes the strict enforcement of control measures a matter of first importance.

RURAL HEALTH CONSERVATION CONTEST

Funds have been made available for a 1934 rural health conservation contest to be conducted under the auspices of the Chamber of Commerce of the United States with the assistance of the American Public Health Association. It will be conducted along lines similar to the health conservation contest for cities, which will be continued without interruption. The rural health conservation contest, however, will be open only to full-time county health departments or district health units. Rural districts served by part-time officers will not be eligible for enrollment. Official announcement of the new competition will be released during the present month. Following are the full-time county health units in California and the names of the health officers of each unit:

<i>County</i>	<i>Health officer</i>	<i>Post office address</i>
Contra Costa	W. A. Powell, M.D.	Martinez
Imperial	Warren F. Fox, M.D.	El Centro
Los Angeles	John L. Pomeroy, M.D.	Los Angeles
Madera	Lee A. Stone, M.D.	Madera
Monterey	Roy M. Fortier, M.D.	Salinas
Orange	K. H. Sutherland, M.D.	Santa Ana
Riverside	W. B. Wells, M.D.	Riverside
San Bernardino	E. B. Godfrey, M.D.	San Bernardino
San Diego	Alex M. Lesem, M.D.	San Diego
San Joaquin	John J. Sippy, M.D.	Stockton
San Luis Obispo	Allen F. Gillihan, M.D.	San Luis Obispo
Santa Barbara	R. C. Main, M.D.	Santa Barbara
Stanislaus	E. F. Reamer, M.D.	Modesto
Yolo	Fred R. Fairchild, M.D.	Woodland

CARBON MONOXIDE DAYS ARE HERE

Every year, health officers issue warnings on the dangers of carbon monoxide poisoning from the exhaust fumes of automobiles. Carelessness, however, is responsible for a number of deaths from this cause each winter. A car should never be left running in a closed garage and the utmost care should be exercised in securing adequate ventilation of all garages. Carbon monoxide poisoning is so insidious in its onset that the victim is unaware of the approaching danger.

With the advent of natural gas, hazards due to carbon monoxide poisoning in the home have been reduced very greatly. There is danger of asphyxiation, however, through failure to connect household gas appliances to an outside vent. It is possible to incur fatal illness through this source. Fortunately, the chances for contracting carbon monoxide poisoning in the home are not as many as they were a few years ago. At all events, gas appliances in the home should be connected with outside vents always. Individual health may be damaged and fatal illness may be incurred through the inhalation of gas products and through the depletion of oxygen in the air.

SALE OF PARRAKEETS PROHIBITED IN CONNECTICUT

"At its meeting held on Thursday, December 28, the Public Health Council voted to add the following regulation to the Connecticut Sanitary Code:

No person, firm or corporation shall buy, sell or transport within the State of Connecticut birds belonging to that branch of the psittacine family known as parrakeets or love birds.

This regulation will be published as regulation 49 of the Sanitary Code and will become effective on January 15, 1934. Such action is the outcome of recent investigations showing that parrakeets have been responsible for all of our troubles with psittacosis in this country during the past two years; that a parrakeet sent to Connecticut last summer was found to contain the virus of psittacosis after its death in August, that infected parrakeets have been shipped to Connecticut direct from California during the past summer and fall, and that human psittacosis occurred after association with some of these parrakeets.

It may be added that a careful study of the situation appears to justify serious doubt as to the practicability of preventing the shipment of infected parrakeets under the present plan of procedure, even though the regulations should be made more rigid. In spite of earnest efforts on the part of the California State Department of Public Health to prevent the shipment of infected birds to other States, such birds have repeatedly escaped detection and carried psittacosis virus to people elsewhere. An unscrupulous bird dealer was successful in shipping birds out of the State without proper inspection and certification. When birds are offered for shipment at an express office, the express agent is not expected to take all birds out of the cage one at a time and examine the leg bands with a magnifying glass to be sure that the leg band numbers correspond with the numbers on the certificate authorizing shipment. Presumably the agent does not even count the birds or make sure that all of them wear leg bands, as the number may be in excess of the number certified and some of them do not wear leg bands.

If psittacosis among parrakeets involved enormous losses of valuable animals there would be no difficulty in cleaning up the situation by destroying all birds in an infected area as is done in dealing with hoof and mouth disease among animals. In the case of psittacosis, however, parrakeets are of so little monetary value that the disease may not involve a very important economic problem for the breeders of these birds. The important hazard is to the humans who associate with the birds, and we are not yet wholly

accustomed to think of human health and life in terms of dollars and cents.

Anyone who buys, sells or transports parrakeets in Connecticut after January 15, 1934, will violate Regulation 49 of the State Sanitary Code. The penalty for such violation fixed by section 2370 of the General Statutes is a fine of not more than one hundred dollars or imprisonment for not more than three months or both."—*Weekly Health Bulletin*, Connecticut State Department of Health, Jan. 8, 1934.

SAN FRANCISCO VITAL STATISTICS

Dr. J. C. Geiger, Director of the San Francisco Department of Public Health, has issued a summary of vital statistics in San Francisco for the calendar years 1932 and 1933. Not a single case of smallpox occurred in this city during 1933, as compared with 66 cases in 1932. There were but 17 typhoid fever cases reported in 1933, with one death. Six acute anterior poliomyelitis cases occurred, with 3 deaths. There were 82 diphtheria cases, with 8 deaths. Next to tuberculosis, among the epidemic diseases, influenza claimed the heaviest toll; there were 87 deaths from this disease last year, among 1162 cases. Whooping cough was more prevalent than usual; there were 1850 cases reported, with 18 deaths.

Among deaths from other causes, alcoholism showed a marked increase, with 41 such deaths last year, as compared with 22 in 1932. Cancer increased from 1097 deaths in 1932 to 1175 in 1933. Slight increases occurred in deaths from cerebral hemorrhage, diabetes mellitus, heart disease, bronchial pneumonia, and automobile accidents. Slight reductions occurred in numbers of deaths from chronic nephritis and suicides. The general death rate in San Francisco last year was 12.05 per thousand population and the birth rate was 10.28 per thousand population. This represents slight decreases in both the death rate and the birth rate. The infant death rate remained stationary at 39 per thousand live births. The maternal death rate dropped from 4 in 1932 to 2 in 1933. The estimated midyear population of San Francisco as of July 1, 1933 was 681,325.

"This human life is only a perpetual illusion; people do nothing but deceive and flatter one another. No one speaks of us in our presence as he speaks of us in our absence. The union that exists among men is based only on this mutual imposition; and few friendships would survive if each one knew what his friend says of him behind his back, although he then speaks sincerely and without passion."—Blaise Pascal, Chapter VIII.

MORBIDITY REPORTS*

The reports of communicable diseases which appear in the following section of the Weekly Bulletin represent reports of cases received during the preceding week and are based upon reports received between Friday afternoon and the following Tuesday afternoon, when the bulletin copy is prepared. All reports received between Wednesday morning and Friday morning are recorded at once, but they are not included in the bulletin report.

Health officers are urged to mail their reports not later than Saturday of each week, in order that the reports of communicable diseases, as published in the bulletin, can be as full and complete as possible. It is also important that reports be mailed not later than Saturday in order that the weekly telegraphic report of communicable diseases in California, which is sent to the Surgeon General of the United States Public Health Service at Washington on Tuesday of each week, may represent the true incidence of reportable diseases within the State.

Diphtheria

39 cases of diphtheria have been reported, as follows: Oakland 1, Los Angeles County 8, Burbank 1, Glendale 1, Huntington Park 2, Los Angeles 18, Madera 1, Salinas 1, Placentia 1, Colton 1, Ontario 1, Tulare County 1, Yolo County 1, Marysville 1.

Chickenpox

546 cases of chickenpox have been reported. Those communities reporting 10 or more cases are as follows: Alameda County 10, Oakland 31, Los Angeles County 52, Los Angeles 77, Pasadena 13, Santa Monica 18, Madera County 21, Fort Bragg 17, Riverside 10, Sacramento 24, San Francisco 58, Stockton 10.

Measles

1129 cases of measles have been reported. Those communities reporting 10 or more cases are as follows: Alameda County 12, Alameda 14, Berkeley 20, Oakland 181, San Leandro 16, Los Angeles 45, Coronado 24, San Diego 511, San Francisco 29, Santa Barbara County 14, Santa Barbara 113, Ventura County 33, Santa Paula 36.

Scarlet Fever

301 cases of scarlet fever have been reported. Those communities reporting 10 or more cases are as follows: Fresno County 23, Los Angeles County 41, Los Angeles 79, Pomona 10, San Francisco 18.

* From reports received on February 5th and 6th for week ending February 3d.

Whooping Cough

354 cases of whooping cough have been reported. Those communities reporting 10 or more cases are as follows: Oakland 26, Kern County 23, Bakersfield 10, Los Angeles County 33, Beverly Hills 10, Huntington Park 11, Los Angeles 48, Riverside 16, San Francisco 10.

Smallpox

13 cases of smallpox have been reported, as follows: Los Angeles County 2, Compton 2, Glendale 4, Lynwood 1, Fullerton 4.

Typhoid Fever

6 cases of typhoid fever have been reported, as follows: Oakland 1, Los Angeles County 1, Los Angeles 1, Orange County 1, Willow Glen 1, California 1.**

Meningitis (Epidemic)

5 cases of epidemic meningitis have been reported, as follows: Oakland 1, Los Angeles 2, San Diego 1, Tuolumne County 1.

Poliomyelitis

3 cases of poliomyelitis have been reported, as follows: Fresno County 1, Los Angeles 2.

Encephalitis (Epidemic)

2 cases of epidemic encephalitis have been reported, as follows: Fresno 1, San Diego 1.

Food Poisoning

One case of food poisoning from Humboldt County has been reported.

Undulant Fever

2 cases of undulant fever have been reported, as follows: Whittier 1, Ontario 1.

Coccidioidal Granuloma

One case of coccidioidal granuloma from San Bernardino County has been reported.

** Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.